



**Public Health**

**Seattle & King County**

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- **Influenza: Surveillance, Recommendations, Vaccination, Treatment and Prophylaxis**

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**Influenza Surveillance**

Public Health conducts year-round influenza surveillance. Data comes from sentinel health care providers, microbiology labs, hospital emergency departments, schools, long term care facilities, and vital statistics. Since the first week in October, King County sentinel providers have submitted 20 specimens from patients with influenza-like illness (ILI); none have been positive for influenza. View regular updates on local influenza activity and surveillance at:

[www.metrokc.gov/health/immunization/fluactivity.htm](http://www.metrokc.gov/health/immunization/fluactivity.htm).

Nationally, for the week ending October 20<sup>th</sup>, thirteen states, the District of Columbia and Puerto Rico reported sporadic influenza activity and 37 states reported no activity. Find national influenza updates at:  
[www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/).

**Primary Changes and Updates in the Advisory Committee on Immunization Practices (ACIP) Recommendations on Prevention and Control of Influenza**

The 2007 recommendations include six principal changes or updates:

- Children aged 6 months to 8 years should receive 2 doses of vaccine this season if they have not been vaccinated previously at any time with either live, attenuated influenza vaccine (LAIV) (doses separated by  $\geq 6$  weeks) or trivalent, inactivated influenza vaccine (TIV) (doses separated by  $\geq 4$  weeks), on the basis of accumulating data indicating that 2 doses are required for protection in these children.
- Children aged 6 months to 8 years who received only 1 dose in their first year of vaccination should receive 2 doses the next year in which they are vaccinated (*even if not until the next calendar year*).
- All persons, including school-aged children, who want to reduce the risk of becoming ill

with influenza or of transmitting influenza to others, should be vaccinated.

- Immunization providers should offer influenza vaccine and schedule immunization clinics throughout the influenza season.
- Healthcare administrators should consider the level of vaccination coverage among healthcare personnel (HCP) to be one measure of a patient safety quality program and implement policies to encourage HCP vaccination (e.g., obtaining signed statements from HCP who decline influenza vaccination).
- The 2007-2008 trivalent vaccine strains are A/Solomon Islands/3/2006 (H1N1)-like (new for this season), A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like viruses. To view the full recommendations, visit:

[www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm?s\\_cid=rr5606a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm?s_cid=rr5606a1_e)

**Vaccine Recommendations**

October and November are good times to vaccinate against influenza, but because flu activity typically peaks after January and continues into spring, it's worth vaccinating throughout the season.

Trivalent influenza vaccine is available as an injectable, inactivated vaccine (TIV) and a live, attenuated intranasal vaccine (LAIV).

For the 2007-2008 influenza season, vaccination with TIV is recommended for:

- all persons, including school-aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others;
- all children aged 6–59 months (i.e., 6 months–4 years);
- all persons aged  $>50$  years;
- children and adolescents (aged 6 months–18 years) receiving long-term aspirin therapy who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;

- women who will be pregnant during the influenza season;
- adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- adults and children who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
- adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration; and
- residents of nursing homes and other chronic-care facilities.

Vaccination with TIV or LAIV is recommended for the following persons, unless contraindicated:

- healthcare personnel;
- healthy household contacts (including children) and caregivers of children aged <5 years and adults aged >50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
- healthy household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

LAIV is now licensed for healthy people aged 2 through 49 years.

Treatment and Prophylaxis

Two licensed influenza antiviral agents are recommended for use in the United States during the 2007-08 influenza season: oseltamivir and zanamivir.

- Oseltamivir is approved for treatment of persons aged 1 year and older and is licensed for use as chemoprophylaxis in persons aged 1 year and older.
- Zanamivir is approved for treatment of persons aged 7 years and older and is licensed for use as chemoprophylaxis in persons aged 5 years and older.

**Note:** Due to a high proportion of circulating influenza viruses in the U.S. being resistant to adamantanes, the CDC and ACIP recommend that neither amantadine nor rimantadine be used for treatment or chemoprophylaxis for influenza during the 2007-08 influenza season. While influenza is not a reportable disease, unusual clusters of illness, illnesses following foreign travel and other cases suspected to be avian or other novel influenza virus infection, outbreaks in long term care facilities or hospitals, pediatric deaths, and deaths due to influenza in otherwise healthy persons should be reported to 206-296-4774.

**Disease Reporting**

AIDS/HIV .....(206) 296-4645  
STDs.....(206) 744-3954  
TB .....(206) 744-4579  
All Other Notifiable Communicable Diseases (24 hours a day).....(206) 296-4774  
Automated reporting line for conditions not immediately notifiable .....(206) 296-4782

**Hotlines**

Communicable Disease.....(206) 296-4949  
HIV/STD.....(206) 205-STDS

**Public Health-Seattle & King County Online Resources**

Home Page: [www.metrokc.gov/health/](http://www.metrokc.gov/health/)  
The **EPI-LOG**: [www.metrokc.gov/health/providers](http://www.metrokc.gov/health/providers)  
Communicable Disease listserv (**PHSKC INFO-X**) at: [mailman.u.washington.edu/mailman/listinfo/phskc-info-x](mailto:mailman.u.washington.edu/mailman/listinfo/phskc-info-x)

**Influenza Surveillance Updates:**  
[www.metrokc.gov/health/immunization/fluactivity.htm](http://www.metrokc.gov/health/immunization/fluactivity.htm)

Reported Cases of Selected Diseases, Seattle & King County 2007				
	Cases Reported in September		Cases Reported Through September	
	2007	2006	2007	2006
Campylobacteriosis	27	32	188	204
Cryptosporidiosis	9	6	36	29
Chlamydial infections	502	468	4207	3902
Enterohemorrhagic <i>E. coli</i> (non-O157)	1	0	5	2
<i>E. coli</i> O157: H7	9	1	33	33
Giardiasis	17	15	111	87
Gonorrhea	131	147	1152	1489
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	2	3
Hepatitis A	0	1	10	11
Hepatitis B (acute)	4	0	21	10
Hepatitis B (chronic)	73	92	627	634
Hepatitis C (acute)	0	0	5	6
Hepatitis C (chronic, confirmed/probable)	102	116	997	1139
Hepatitis C (chronic, possible)	27	17	251	204
Herpes, genital (primary)	44	80	474	622
HIV and AIDS (including simultaneous diagnoses with AIDS)	36	34	269	194
Measles	0	0	1	0
Meningococcal Disease	0	0	5	7
Mumps	0	0	4	2
Pertussis	16	8	61	90
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	19	15	195	146
Shigellosis	7	7	44	40
Syphilis	8	9	116	164
Syphilis, congenital	0	0	0	0
Syphilis, late	1	10	52	66
Tuberculosis	28*	14	112	112

\*Due to reporting and counting delays, the number of cases may not reflect the actual case burden for the month.

The *EPI-LOG* is available in alternate formats upon request.